## **LEGISLATIVE FACT SHEET**

| DATE:  |   | 08/14/18  | BT or RC No:  |
|--|---|---|---|
|  |   |   | (Administration & City Council Bills)   |
|  |   |   |   |
| SPONSO   | OR:   | Office of General Coun  | sel   |
|  |   | 1)  | Department/Division/Agency/Council Member)  |
| Contact t  | for all inq   | uiries and presentation   | Jason Teal or Michael Wedner  |
| Provide I  | Name:   |   | Jason R. Teal / Michael B. Wedner   |
|  | Contact   | Number:   | 904-630-1700  |
|  | Email A   | ddress:   | jteal@coj.net   |
| Research wi<br>(Minimun<br>This legisla<br>was a priva<br>nearby Hog<br>investigatio<br>presented<br>the site. The<br>does not in<br>to partially<br>that the received | ill complete n of 350 v ation adopt ate manufa gan's Cree on and feasits propose ne City filed any resolve on quired work | this form for Council introduced levords - Maximum of 1 pages a partial settlement agreem ctured gas plant located on the contamination was sibility study. The City submitted remedial alternative to FDE as suit to cover the remediation payment for damages or attogoing, expensive, and uncertained or the suit to cover the remediation payment for damages or attogoing, expensive, and uncertained. | necessary? Provide; Who, What, When, Where, How and the Impact.) Council egislation and the Administration is responsible for all other legislation. e.) ent of the federal court litigation. From approximately 1874-1912, there he corner of State Street and Main Street, which deposited its waste into as discovered, the FDEP required the City to conduct remedial ed the Site Assessment Report Addendum to FDEP in May 2011 and EP in January 2014. FDEP approved several remedies for clean-up of a costs from the known potentially responsible parties. The settlement rney's fees, but only resolves the remediation. The City therefore is able ain ligitation in federal court without paying any money and also ensuring able time period. The ordinance therefore benefits the City directly while |
|  |   |   |   |

| APPROPRIATION: Total A               | mount Appropriated             | \$0.00 as follows:                   |
|--------------------------------------|--------------------------------|--------------------------------------|
| List the source <u>name</u> and pr   | ovide Object and Subobject Num | bers for each category listed below: |
| (Name of Fund as it will appear in t | itle of legislation) N/A       |                                      |
| Name of Federal Funding Source(s     | From:                          | Amount:                              |
|                                      | То:                            | Amount:                              |
| Name of State Funding Source(s):     | From:                          | Amount:                              |
| 3 (.,                                | То:                            | Amount:                              |
| Name of City of Jacksonville         | From:                          | Amount:                              |
| Funding Source(s):                   | То:                            | Amount:                              |
| Name of In-Kind Contribution(s):     | From:                          | Amount:                              |
| rvanie of in valid contribution(s).  | То:                            | Amount:                              |
| Name & Number of Bond<br>Account(s): | From:                          | Amount:                              |

Amount:

To:

## PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

| (Minimum of 350 words - Maximum of 1 page.) |   |
|---|---|
|   | settlement attached does not involve any monetary payment or financial          |
| obligation on the part of the City.         |   |
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| ACTION ITEMS D                              |   |
|   | List. If "Yes" please provide detail by attaching justification, and            |
| code provisions for each.                   |   |
|   |   |
| ACTION ITEMS: V. N.                         |   |
| ACTION ITEMS: Yes No                        |   |
| Emergency? No                               | Justification of Emergency: If yes, explanation must include detailed nature of |
| Zinorgeney:                                 | emergency.  |
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| Federal or State                            | Explanation: If yes, explanation must include detailed nature of mandate        |
| Mandate? No                                 | including Statute or Provision.   |
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| Fiscal Year<br>Carryover?                     | 1     | No | Note: If yes, note must include explanation of all-year subfund carryover language.  |
|---|-------|----|--|
| CIP Amendment? Contract / Agreement Approval? | Yes   | No | Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.  Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?  Settlement agreement, as drafted by OGG and signed by the City and Plaintiff. OGC and the Federal Court will provide oversight to enforce agreement. |
| Г   |       |    |  |
| Related RC/BT?                                |       | No | Attachment: If yes, attach appropriate RC/BT form(s).  Code Reference: If yes, identify code section(s) in box below and provide   |
| Waiver of Code?                               |       | No | detailed explanation (including impacts) within white paper.   |
| г   |       |    |  |
| Code Exception?                               | 1     | No | Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.  |
|   |       |    |  |
| Related Enacted<br>Ordinances?                | 1     | No | Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.  |
| _   |       |    |  |
| ACTION ITEMS CONT justification, and code p   |       |    | pose / Check List. If "Yes" please provide detail by attaching each.   |
| ACTION ITEMS:                                 | Yes I | No |  |
| Continuation of Grant?                        | 1     | No | Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?   |
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| Reporting No and           |     | Attachment: If yes, attach appropriate form(s).  Explanation: List agencies (including City Cour and frequency of reports, including when report Department (include contact name and telepho | ncil / Auditor) to r<br>ts are due. Provi | ide       |
|----------------------------|-----|---|---|-----------|
|                            |     |   |   |           |
| Division Chief: Jason R. T | eal | (signature)   | Date:                                     | 8/14/2018 |
| Prepared By: Jason R. T    | eal | (signature)   | Date:                                     | 8/14/2018 |

## **ADMINISTRATIVE TRANSMITTAL**

| To:      | MBRC, c/o Roselyn Chall, Budg                         | get Office, St. James Suite 325  |  |  |
|----------|---|--|--|--|
| Thru:    |   |  |  |  |
|          | (Name, Job Title, Department)                         |  |  |  |
|          | Phone:  | E-mail:  |  |  |
| From:    |   |  |  |  |
|          | Initiating Department Representative (N               | Name, Job Title, Department)   |  |  |
|          | Phone:  | E-mail:  |  |  |
| Primary  |   |  |  |  |
| Contact: | (Name, Job Title, Department)                         |  |  |  |
|          | Phone:  | E-mail:  |  |  |
| CC:      | Jordan Elsbury, Director of Inter                     | rgovernmental Affairs, Office of the Mayor   |  |  |
|          | 904-630-1825 E-mail: jelsburg                         | y@coj.net  |  |  |
|          |   |  |  |  |
|          |   |  |  |  |
| COUN     | CIL MEMBER / INDEPENDENT                              | AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL  |  |  |
| To:      | Peggy Sidman, Office of General                       | al Counsel, St. James Suite 480  |  |  |
| 10.      | Phone: 904-630-4647                                   |  |  |  |
| From:    |   |  |  |  |
| 1 101    | Initiating Council Member / Independer                | nt Agency / Constitutional Officer   |  |  |
|          | Phone:  |  |  |  |
| Primary  |   |  |  |  |
| •        | (Name, Job Title, Department)                         |  |  |  |
|          | Phone:  | E-mail:  |  |  |
| CC:      |   | rgovernmental Affairs, Office of the Mayor   |  |  |
|          | 904-630-1825 E-mail: jelsbury                         |  |  |  |
|          | , <u> </u>  | <del>y =</del>   |  |  |
| ltalast  | Constant American                                     | ' and the force the Indonesidant Associa Doord   |  |  |
| •        | on from Independent Agencies re<br>g the legislation. | equires a resolution from the Independent Agency Board                                       |  |  |
|          | dent Agency Action Item: Yes                          | No   |  |  |
| •        | Boards Action / Resolution?                           | Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled? |  |  |
|          |   | when is board action scheduled:  |  |  |
|          |   |  |  |  |